



## **Quarterly Member Services Report**

**Quarter 4 Fiscal Year 2008**

## **Introduction**

The Quarterly Member Services Report presents a distribution and analysis of complaints for Title XIX/XXI (TXIX/XXI) members receiving behavioral health services in the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) system of care. ADHS/DBHS defines a complaint as, “An expression of dissatisfaction with any aspect of care, other than the appeal of actions.”

Complaints are received by ADHS/DBHS through two reporting mechanisms: the ADHS/DBHS Customer Service Unit and the Regional Behavioral Health Authorities (RBHAs). Complaints may be initiated by eligible and enrolled members, member families or legal guardians, stakeholders (such as the Governor’s Office), other state and RBHA contracted agencies and the public. Complaints received by the ADHS/DBHS Customer Service Unit are referred to the RBHA in which the member is enrolled. RBHAs have systems in place to receive complaint calls directly from the member and through referral by ADHS/DBHS. Complaint data is tracked and trended to identify potential gaps in service delivery, areas for performance improvement and utilized as an integral part of ADHS’ comprehensive Quality Management/Utilization Management Plan.

Complaint categories are standardized by ADHS/DBHS and utilized by the RBHAs in reporting complaint data. The seven complaint categories are:

- Access to Services
- Clinical Decisions Related to Service
- Client Rights
- Coordination of Care
- Customer Service
- Financial
- Information Sharing

### **Data Limitations**

There are no known data limitations for complaint analysis in Quarter 4, Fiscal Year 2008 (Q408).

### **Statewide Complaint Rates**

This section discusses complaint rates for Q408 per RBHA per 1,000 enrolled members. Results are presented in the aggregate by program type and RBHA.

## Complaint Rates Among Title XIX/XXI Members by RBHA

April 1, 2008 - June 30, 2008

RBHA	Enrollment			Number of Complaints			Rate per 1,000*		
	Child	Adult	Total	Child	Adult	Total	Child	Adult	Total
Cenpatico-2	1,349	2,843	4,192	4	3	7	3.0	1.1	1.7
Cenpatico-4	2,916	4,435	7,351	14	13	27	4.8	2.9	3.7
CPSA-3	1,242	3,131	4,373	10	23	33	8.1	7.3	7.5
CPSA-5	6,909	14,223	21,132	44	524	568	6.4	36.8	26.9
Magellan	17,231	33,799	51,030	66	308	374	3.8	9.1	7.3
NARBHA	3,850	8,989	12,839	7	55	62	1.8	6.1	4.8
Statewide	33,497	67,420	100,917	145	926	1,071	4.3	13.7	10.6

Q408 continued the decreasing trend in the Child complaint rate from the previous four reporting quarters. The Child complaint rate decreased from 10.1% per 1,000 in Q108 to 4.3% per 1,000 in Q408 with a significant decrease from Q107 (19.4% per 1,000). The Adult complaint rate also continues a downward trend from 21.6% in Q107.

Adult SMI consumers lodged 52% of complaints in Q408, with Adult GMH/SA consumers filing at a rate of 32%, following a downward trend from Q307 (37%), with Child consumers logging 14% of all complaints this reporting quarter.

## Adult Complaints

## RBHA/Statewide Adult Complaints by Complaint Category Q408

RBHA	Access to Services		Client Rights		Clinical Decisions Related to Service		Coordination of Care		Customer Service		Financial		Information Sharing		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Cenpatico-2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%	0	0.0%	2	0.2%	3	0.3%
Cenpatico-4	3	0.3%	2	0.2%	1	0.1%	2	0.2%	5	0.5%	0	0.0%	0	0.0%	13	1.4%
CPSA 3	3	0.3%	2	0.2%	12	1.3%	1	0.1%	5	0.5%	0	0.0%	0	0.0%	23	2.5%
CPSA 5	69	7.5%	5	0.5%	268	28.9%	29	3.1%	138	14.9%	11	1.2%	4	0.4%	524	56.6%
Magellan	73	7.9%	31	3.3%	58	6.3%	19	2.1%	118	12.7%	2	0.2%	7	0.8%	308	33.3%
NARBHA	10	1.1%	1	0.1%	22	2.4%	9	1.0%	9	1.0%	1	0.1%	3	0.3%	55	5.9%
Statewide	158	17.1%	41	4.4%	361	39.0%	60	6.5%	276	29.8%	14	1.5%	16	1.7%	926	100.0%

The largest numbers of Adult complaints filed by all program types in Q408 were captured in the *Clinical Decisions Related to Services Category*, consistent with data reported in Q308 and trends in these complaint categories over FY07. *Clinical Decisions Related to Service* was followed by *Customer Services* and *Access to Services*, rounding out the top three Adult complaint categories this reporting quarter. *Access to Services* complaints decreased from 344 total calls in Q208 to 158 in Q4. These three complaint categories have consistently evidenced the highest rate of occurrence as the top complaint categories over FY07 to Q408.

The sub-category contributing to the *Clinical Decisions Related to Service* complaint numbers is *Assessment/Service Plan Content*, which captures complaints pertaining to the types, frequency and intensity of Covered Services provided to the member as outlined in their individual service plan. This sub-category was closely followed by *Concern for a Client's Wellbeing*, which captures any type of concern posed by a friend, family member, etc, on behalf of the member.

The most frequently cited Covered Services related to these complaints are *Treatment Services* followed by *Support Services* as the second highest Covered Service category for *Clinical Decisions Related to Service* complaints.

The sub-category contributing the highest number of complaints to the *Customer Services* category is *Other, No Rights Violation*, at 54% of these complaints in Q408, an increase in this sub-category from the previous reporting quarter, at 43%. *Other* has replaced *Unable to Contact Provider Staff/Receive Return Phone Calls* as the highest occurring sub-category continuing an upward trend since the identification of the increase in calls captured in this Complaint Category and in the sub-category *Unable to Contact Provider Staff* over Q407 to Q208. This sub-category captures generalized complaints that do not constitute a rights violation, including member complaints of rude treatment by front office/provider staff.

The Covered Services category most often cited in connection to *Customer Services* complaints is *Support Services*, filed at a rate of 61% of all Customer Services calls in the last three reporting quarters. This covered service category contains the services most frequently utilized by the majority of ADHS/DBHS/RBHA members, such as Case Management and Peer Support; therefore it is expected to garner the majority of these types of complaints.

As the sub-category, *Other*, does not effectively drill down the complaint for useful analysis, this sub-category is being reviewed by the ADHS/DBHS/RBHA Complaint Workgroup to better operationalize its definition. ADHS/DBHS QM will require the RBHAs to provide a root cause analysis of complaints captured in this sub-category in their Q109 complaint reporting.

The third highest complaint category in Q408 is *Access to Services*, evidencing a decrease in complaints from Q208 (344 to 158, respectively). The sub-categories contributing to these complaint numbers are *Timeliness* and *No Provider to Meet Needs*, as was reported in Q408, at 40% and 25% of all *Access* complaints. *Timeliness* captures complaints reporting that services did not occur within a required timeframe while *No Provider to Meet Needs* captures complaints pertaining to the member's perception that a service was not received due to a provider being unable to meet the member's specific needs.

The most frequently cited Covered Services related to these types of complaints this reporting quarter are *Treatment Services* at 44% and *Medication* and *Support Services*, each at 25%. The rate of complaints pertaining to *Treatment* and *Medication Services*

reported this quarter may be applied to the outlier RBHA, Magellan's, continued issues with scheduling of timely appointments to access medications and doctor appointments. This issue continues to be addressed via the ADHS/DBHS QM Committee, the Arnold V. Sarn QM Committee and monitored via performance improvement plan and evaluated for effectiveness by ADHS/DBHS.

Adult Complaints by Covered Service Category, Q408

Covered Service	Access to Services		Client Rights		Clinical Decisions Related to Service		Coordination of Care		Customer Service		Financial		Information Sharing		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Behavioral Health Day Programs	0	0.0%	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Crisis Intervention Services	3	0.3%	1	0.1%	7	0.8%	3	0.3%	2	0.2%	1	0.1%	0	0.0%	17	1.8%
Inpatient Services	2	0.2%	5	0.5%	25	2.7%	4	0.4%	8	0.9%	2	0.2%	0	0.0%	46	5.0%
Medication Services	39	4.2%	2	0.2%	31	3.3%	2	0.2%	12	1.3%	1	0.1%	0	0.0%	87	9.4%
Residential Services	5	0.5%		0.0%	28	3.0%	0	0.0%	7	0.8%	2	0.2%	0	0.0%	42	4.5%
Support Services	39	4.2%	18	1.9%	114	12.3%	20	2.2%	179	19.3%	7	0.8%	6	0.6%	383	41.4%
Treatment Services	70	7.6%	14	1.5%	155	16.7%	31	3.3%	68	7.3%	1	0.1%	10	1.1%	349	37.7%
Rehabilitation Services	0	0.0%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
<b>Total</b>	<b>158</b>	<b>17.1%</b>	<b>41</b>	<b>4.4%</b>	<b>361</b>	<b>39.0%</b>	<b>60</b>	<b>6.5%</b>	<b>276</b>	<b>29.8%</b>	<b>14</b>	<b>1.5%</b>	<b>16</b>	<b>1.7%</b>	<b>926</b>	<b>100.0%</b>

## Child Complaints

RBHA/Statewide Child Complaints by Complaint Category, Q408

RBHA	Access to Services		Client Rights		Clinical Decisions Related to Service		Coordination of Care		Customer Service		Financial		Information Sharing		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
CBH AZ 2	2	1.4%	0	0.0%	0	0.0%	1	0.7%	1	0.7%	0	0.0%	0	0.0%	4	2.8%
CBH AZ 4	5	3.4%	1	0.7%	3	2.1%	2	1.4%	1	0.7%	1	0.7%	1	0.7%	14	9.7%
CPSA 3	1	0.7%	0	0.0%	4	2.8%	0	0.0%	2	1.4%	3	2.1%	0	0.0%	10	6.9%
CPSA 5	6	4.1%	1	0.7%	23	15.9%	4	2.8%	8	5.5%	2	1.4%	0	0.0%	44	30.3%
Magellan	26	17.9%	5	3.4%	11	7.6%	10	6.9%	13	9.0%	1	0.7%	0	0.0%	66	45.5%
NARBHA	0	0.0%	0	0.0%	1	0.7%	1	0.7%	5	3.4%	0	0.0%	0	0.0%	7	4.8%
<b>Statewide</b>	<b>40</b>	<b>27.6%</b>	<b>7</b>	<b>4.8%</b>	<b>42</b>	<b>29.0%</b>	<b>18</b>	<b>12.4%</b>	<b>30</b>	<b>20.7%</b>	<b>7</b>	<b>4.8%</b>	<b>1</b>	<b>0.7%</b>	<b>145</b>	<b>100.0%</b>

As with Child complainants over FY08, the highest complaint category for this reporting quarter is *Clinical Decisions Related to Service*. *Access to Services* continues to comprise the second highest complaint category since it replaced *Coordination of Care* in Q208, with *Customer Services* again rounding out the top three complaint categories this reporting quarter.

A sub-category analysis of *Child Clinical Decisions Related to Services* complaints indicates that 43% of such complaints pertained to *Assessment/Service Plan Content*, a

decrease in this sub-category from Q308's rate of 63%. The balance of *Clinical Decisions* Complaints was almost evenly distributed amongst the remaining sub-categories. Caution should be used in analysis of the Child data, as the N for this category is small this reporting quarter, at a total of 42 complaints. *Assessment/Service Plan Content* captures complaints pertaining to the types, frequency and intensity of Covered Services provided to the member as outlined in their individual service plan.

The Covered Services Category *Treatment Services* was most frequently related to complaints in this category and is consistent with data reported over the last four data points, at 45% or 19 total complaints in Q408. This Covered Services Category captures complaints pertaining to counseling/therapy; assessment, evaluation and screening; and other professional services. The Assessment/Treatment Plan Workgroup described in the previous section will be addressing concerns related to this topic for the Child population as well.

The sub-category *Timeliness* contributed the largest number of calls to Child *Access to Services* complaints at a rate of 40%. Similar to Q308, Magellan contributed the largest number of all child *Access to Services* complaints, at a rate of 65%.

A cross walk of *Access to Services* complaints to the Covered Services indicates *Treatment Services* as the most frequently cited covered services category, consistent with complaint data from Q108 to this reporting quarter. This indicates a potential issue with the provision of covered services as related to the member's assessment and service plan and is being addressed via the Assessment and Treatment Plan Work Group.

**Child Complaints by Covered Service Category, Q408**

Covered Service	Access to Services		Client Rights		Clinical Decisions Related to Service		Coordination of Care		Customer Service		Financial		Information Sharing		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Behavioral Health Day Programs	0	0.0%	1	0.7%	1	0.7%	1	0.7%	0	0.0%	0	0.0%	1	0.7%	4	2.8%
Inpatient Services	3	2.1%	1	0.7%	3	2.1%	1	0.7%	0	0.0%	0	0.0%	0	0.0%	8	5.5%
Medication Services	12	8.3%	0	0.0%	5	3.4%	2	1.4%	1	0.7%	0	0.0%	0	0.0%	20	13.8%
Residential Services	2	1.4%	1	0.7%	2	1.4%	1	0.7%	1	0.7%	0	0.0%	0	0.0%	7	4.8%
Support Services	8	5.5%	3	2.1%	11	7.6%	6	4.1%	9	6.2%	4	2.8%	0	0.0%	41	28.3%
Treatment Services	15	10.3%	1	0.7%	19	13.1%	7	4.8%	19	13.1%	3	2.1%	0	0.0%	64	44.1%
Rehabilitation Services	0	0.0%	0	0.0%	1	0.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
<b>Total</b>	<b>40</b>	<b>27.6%</b>	<b>7</b>	<b>4.8%</b>	<b>42</b>	<b>29.0%</b>	<b>18</b>	<b>12.4%</b>	<b>30</b>	<b>20.7%</b>	<b>7</b>	<b>4.8%</b>	<b>1</b>	<b>0.7%</b>	<b>145</b>	<b>100.0%</b>

## Complaint Resolution

This section discusses the resolution rates inclusive of Adult and Child members of all program types. ADHS/DBHS encourages complaints be resolved at the lowest level possible, striving for resolutions that meet to the complainants satisfaction. The RBHAs have 90 days from receipt of the complaint for resolution.

## Statewide Complaint Resolutions by Complaint Category, Q408

Resolution	Access to Service	Client Rights	Clinical Decisions Related to Services	Coord. of Care	Customer Service	Financial	Information Sharing	Total
Closed with POC				1				1
Closed without merit	2	1		1	2		2	8
Pending	37	15	23	11	61	2		149
Referred to another agency		1		1	3			5
Resolved	145	22	325	51	213	19	11	786
No Resolution to Date/None Listed	12		40	8	16		1	77
Resolved without Client Satisfaction			5	3	8		1	17
Transferred to OGA	1	9	7	1	2		2	22
Referred to Appeal Process			2	1	1			4
Closed without merit (may have another name)	1		1					2
<b>Total</b>	<b>198</b>	<b>48</b>	<b>403</b>	<b>77</b>	<b>306</b>	<b>21</b>	<b>17</b>	<b>1071</b>

In Q408, 73% of all complaints were resolved within the reporting quarter. Fourteen percent of complaints were pending resolution at the time of reporting.

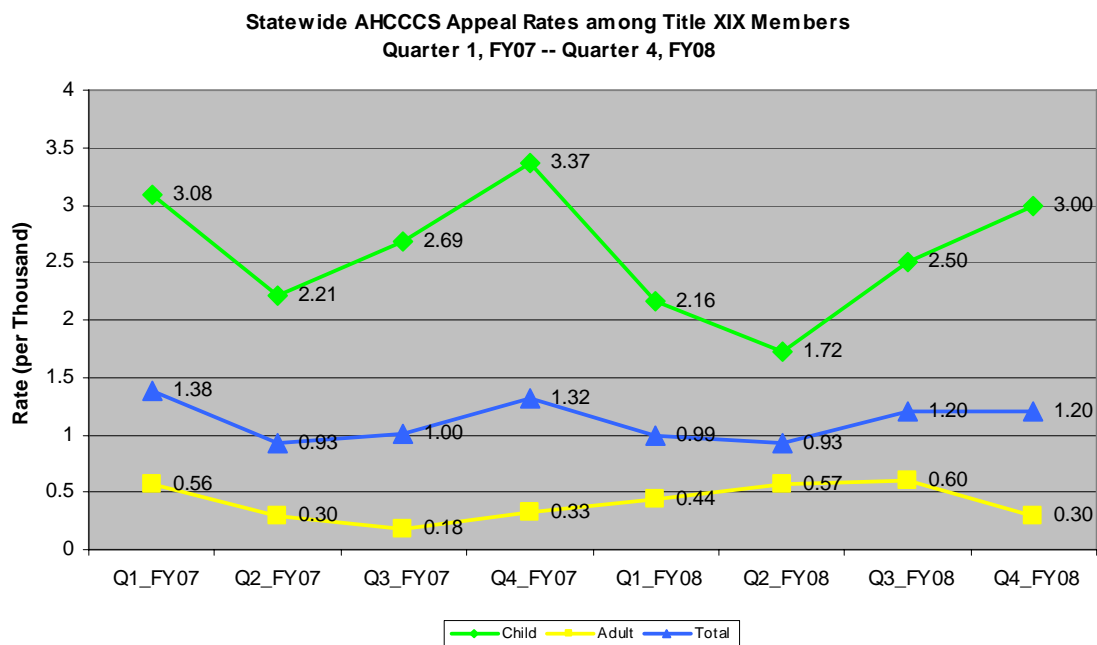
## Statewide Appeals

This section discusses the statewide Arizona Health Care Cost Containment System (AHCCCS) appeals rates for TXIX members in Q408. Appeals data is collected by the ADHS/DBHS Office of Grievance and Appeals (OGA). ADHS/DBHS defines an appeal as, "A request for review of an action." "Action" is defined as:

1. The denial or limited authorization of a requested service, including type and level of service;
2. The reduction, suspension, or termination of a previously authorized service;
3. The denial, in whole or part, of payment for a service;
4. The failure to provide a service in a timely manner;
5. The failure of a contractor to act within the time frames for service as indicated contractually; or
6. For an enrollee residing in a rural area with only one contractor, the denial of an enrollee's request to exercise the right to obtain services outside the contractor's network.

## AHCCCS Appeal Rates

AHCCCS appeals rates are aggregated and stratified by RBHA, Program Type, Issue Description and Outcome of Appeals. AHCCCS appeals rates are calculated at a rate per 1,000 enrolled members.



**Appeals\* Rates Among Title XIX Members by RBHA, Q408**

RBHA	Number of Appeals			Rate*		
	Child	Adult	Total	Child	Adult	Total
Cenpatco-2	1	0	1	0.7	0.0	0.2
Cenpatco-4	6	1	7	2.1	0.2	1.0
CPSA-3	0	0	0	0.0	0.0	0.0
CPSA-5	1	3	4	0.1	0.2	0.2
Maricopa County	82	13	95	4.8	0.4	1.9
NARBHA	10	3	13	2.6	0.3	1.0
<b>Statewide</b>	<b>100</b>	<b>20</b>	<b>120</b>	<b>3.0</b>	<b>0.3</b>	<b>1.2</b>

\*Rate per Thousand Enrollees

During Q408, ADHS/DBHS OGA documented a total of 120 appeals for TXIX members at a rate of 1.2% per 1000, a decrease from Q107 (1.4% per 1,000) and reflective of Q308 data. Appeals filed on behalf of Child members remains the outlier for the state, with a total of 83.33% of all appeals filed in Q408. Appeals for this population are related primarily to denial of out-of-home placements, particularly residential treatment centers, and are originated by system partners as opposed to caregivers or families.



## Program Type

Appeals Among Title XIX Members by Program Type, Q408

Program	Percent
Children	83.33%
GMH/SA	14.17%
SMI	2.50%
Total	100.00%

## Issue Description

This section displays the distribution of Q408 appeals by Appeal Issue Description. *Denial of Service* appeals again comprised 80% of all appeals filed this reporting quarter, trending downward from Q307 (90%) but consistent with Q308 data. As evidenced in Q308, Magellan, the Maricopa County RBHA, contributed the largest number of appeals by this issue description, with 74% of all Denial of Service appeals this reporting quarter.

Distribution of Appeals Among Title XIX Members by issue Description and RBHA, Q408

Issue Description	RBHA	Frequency	Percent
Denial of Claim Payment	Cenpatico-2	1	0.83%
Denial of Service	Cenpatico-4	2	1.67%
Denial of Service Outside Network	Cenpatico-4	5	4.17%
Denial of Service	CPSA-5	1	0.83%
Reduction, Suspension or Termination of Service	CPSA-5	2	1.67%
Timeliness of Service	CPSA-5	1	0.83%
Denial of Service	Magellan	89	74.17%
Denial of Service Outside Network	Magellan	1	0.83%
Reduction, Suspension or Termination of Service	Magellan	4	3.33%
Denial of Service	NARBHA	4	3.33%
Denial of Service Outside Network	NARBHA	1	0.83%
Reduction, Suspension or Termination of Service	NARBHA	9	7.50%
Total		120	100.00%

## Outcome of Appeals

This section discusses the distribution of TXIX appeals by Appeals Outcomes. Per an identified upward trend in the Appeals Outcome, *RBHA Decision Overturned*, from Q2-Q407, this Appeals Outcome category has been further stratified by RBHA and Program Type. The Q408 rate of appeals for this Outcome category decreased from 33% in Q208 to 23%, continuing a downward trend starting in Q207 (49%).

## Distribution of Appeals Among Title XIX Members by Outcomes and RBHA, Q408

Outcome	RBHA	Frequency	Percent
Dismissed, Not an Action""	Cenpatico-2	1	0.79%
Dismissed, Not an Action""	Cenpatico-4	1	0.79%
Dismissed, Untimely	Cenpatico-4	1	0.79%
RBHA Decision Overturned	Cenpatico-4	1	0.79%
RBHA Decision Upheld	Cenpatico-4	3	2.38%
Withdrawn	Cenpatico-4	2	1.59%
Withdrawn	CPSA-3	2	1.59%
Compromise	CPSA-5	6	4.76%
Withdrawn	CPSA-5	6	4.76%
Compromise	Magellan	2	1.59%
Dismissed, Not an Action""	Magellan	21	16.67%
Dismissed, Untimely	Magellan	1	0.79%
RBHA Decision Overturned	Magellan	22	17.46%
RBHA Decision Upheld	Magellan	28	22.22%
Withdrawn	Magellan	14	11.11%
Dismissed, Not an Action""	NARBHA	1	0.79%
Dismissed, Untimely	NARBHA	2	1.59%
RBHA Decision Overturned	NARBHA	6	4.76%
RBHA Decision Upheld	NARBHA	3	2.38%
Withdrawn	NARBHA	2	1.59%
Total		126	100.00%

## Distribution of "Decision Overturned, RBHA", by RBHA and Population

Process Description	RBHA	Frequency	Percent
RBHA TXIX/XXI Appeal - Child	Cenpatico-4	1	3.45%
RBHA TXIX/XXI Appeal - Child	Magellan	21	72.41%
RBHA TXIX/XXI Appeal - GMH/SA	Magellan	1	3.45%
RBHA TXIX/XXI Appeal - Child	NARBHA	4	13.79%
RBHA TXIX/XXI Appeal - GMH/SA	NARBHA	2	6.90%
Total		29	100.00%

As reported last quarter, Magellan data indicates the highest rate of Appeals Outcomes by this category, at 80% of the total appeals for *RBHA Decision Overturned- Child*.

## Conclusion

ADHS/DBHS utilizes quarterly complaint data to identify system wide areas for improvement and incorporate member feedback into ongoing service delivery. ADHS/DBHS QMO continues to monitor the Covered Services and Complaint Sub-Categories informing the overall complaint rates in order to target improvement efforts to specific RBHAs and their sub-contractors to improve performance statewide. Results of quarterly complaint data submitted by the RBHAs are a standard agenda item at ADHS/DBHS Quality Management Committee meetings. Committee actions at the August 27, 2008 meeting included the decision to require CPSA 5 to submit a root cause analysis of its high complaint numbers.

ADHS/DBHS QMO is actively researching industry data to identify standards in complaint reporting and any benchmarks or thresholds to apply in statistical analysis, utilizing data provided by the National Benchmarking Association's Best Practice Roundtable on Complaint Handling Process Benchmarking Study, results of which will be provided to ADHS/DBHS as they are yielded.

Q408 complaint data appears consistent with complaint rates and trends reported over FY08. When compared to the Annual Consumer Survey and quarterly chart reviews, complaint data indicates that ongoing improvement efforts targeting assessments, service planning, customer services and service access should remain a focus for FY09.

ADHS/DBHS QM, along with RBHA representation and members from the functional areas of ADHS/DBHS, commenced a Member Services Workgroup on March 27, 2008. The purpose of this workgroup is to review and streamline the Member Services report; assess the currently used complaint categories and sub-categories for relevance and viability; and ensure accurate and meaningful reporting of complaint data. Proposed changes to the methodologies utilized by ADHS/DBHS and the RBHAs in complaint tracking and trending are currently under review and will be reported to AHCCCS upon identification and completion.